



SunShine Care, Inc.

Personal Care Agency

Leave Request Form

Employee's Name _____ Date _____

Job Title _____

Request Leave on _____ Return _____ Total Days _____ Total Hours _____

Replacement PCW _____ Phone _____

Type of Leave Requested (*Please check one*) _____

Vacation () Funeral () Jury Duty () Family Illness () Training () Other ()

If "Other" is selected, please explain below

Employee's Signature

Human Resources/ RN Supervisor

Date _____